

EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

| | | |
|---------------------------------|---|----------------------|
| IN RE: NATIONAL FOOTBALL LEAGUE | : | No. 2:12-md-02323-AB |
| PLAYERS' CONCUSSION INJURY | : | |
| LITIGATION | : | MDL No. 2323 |

THIS DOCUMENT RELATES TO:

ALL ACTIONS

Hon. Anita B. Brody

DECLARATION OF ORRAN L. BROWN, SR.

I, ORRAN L. BROWN, SR., hereby declare and state as follows:

1. My name is Orran L. Brown, Sr. I am the Chairman and a founding partner of BrownGreer PLC, located at 250 Rocketts Way, Richmond, Virginia 23231. BrownGreer PLC is the Claims Administrator under the Class Action Settlement Agreement in this action.

2. I am over the age of 21. The matters set forth in this Declaration are based upon my personal knowledge and information.

3. I submit this Declaration to describe five Opt Out revocation requests we recently received.

4. In its April 22, 2015 Final Approval Order and Judgment, the Court directed the Claims Administrator to make public a list of Opt Outs as of that date. We posted on the official Settlement website a list of the Opt Outs that were timely and included all the elements required for a valid Opt Out under Section 14.2(a) of the Settlement Agreement (175 names at the time) and a list of the Opt Outs that were untimely and/or were missing one or more of Section 14.2(a)'s required elements (33 names at the time).

5. Section 14.2(c) of the Settlement Agreement provides that a Class Member who had Opted Out but wished to revoke that Opt Out could submit a written request to do

so “[p]rior to the Final Approval Date.” At various times after the April 22, 2015 Final Approval Date, 73 people who had Opted Out submitted requests to revoke their Opt Outs. The Parties to the Settlement Agreement agreed to accept those revocation requests, subject to Court approval, and reported the requests to the Court. By Orders of July 15, 2015 (Document 6642), December 22, 2015 (Document 6713), January 26, 2016 (Document 6739), September 15, 2016 (Document 6907), October 25, 2016 (Document 6924), November 8, 2016 (Document 6937), December 21, 2016 (Document 7033), January 18, 2017 (Document 7084), January 20, 2017 (Document 7097), February 6, 2017 (Document 7119), March 9, 2017 (Document 7264), March 20, 2017 (Document 7297), March 28, 2017 (Document 7374), April 11, 2017 (Document 7471), April 13, 2017 (Document 7478), April 24, 2017 (Document 7547), May 2, 2017 (Document 7594), May 18, 2017 (Document 7674), May 25, 2017 (Documents 7763 and 7764), June 26, 2017 (Document 7848), July 17, 2017 (Document 8023), July 18, 2017 (Document 8033), July 19, 2017 (Document 8038), July 25, 2017 (Document 8076), July 27, 2017 (Document 8159), July 28, 2017 (Document 8191), August 1, 2017 (Document 8199), August 3, 2017 (Document 8208), and August 4, 2017 (Document 8218), the Court approved 71 of the 73 revocations. The recent revocation requests of Sean Berton and Robert Royal, Jr. are pending before the Court (Document 8215). Each time the Court approved a revocation, we no longer counted that person as an Opt Out and posted on the Settlement website a revised list of Timely Opt Out Requests Containing All Information Required by Section 14.2(a) or Otherwise Approved by the Court (the “Timely Opt Out List”) to reflect the results of the Orders. That Timely Opt Out List now contains 110 names, including six persons whose Opt Outs the Court directed be added to

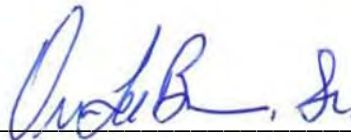
that list in its Orders of September 8, 2016 (Document 6902) and March 6, 2017 (Document 7244).

6. We recently received new revocation requests from five persons on the Timely Opt Out List:

- (a) Billy Ray Barnes: Attachment 1 to this Declaration.
- (b) Alge Crumpler: Attachment 2.
- (c) Carlester Crumpler: Attachment 3.
- (d) David Merritt, Sr.: Attachment 4.
- (e) Darryl Oliver: Attachment 5.

We removed personal information from these attachments. The Parties to the Settlement Agreement agreed to accept both revocation requests, subject to Court approval. If the Court grants its approval, we no longer will count these five as Opt Outs and, upon direction of the Court, we will post a revised Timely Opt Out List on the Settlement website.

I, Orran L. Brown, Sr., declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct. Executed on this 7th day of August, 2017.

A handwritten signature in blue ink, appearing to read "Orran L. Brown, Sr.", is written over a horizontal line.

Orran L. Brown, Sr.

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS


A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

| | | | | | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|---|------|------------------|
| Name | First | Billy | M.I. | R | Last | Barnes |
| | Address | | | | | |
| Mailing Address | Address 2 | | | | | |
| | City | | State | | Zip | |
| | | | | | | |
| Telephone Number | 1 | | | | | |
| Date of Birth | 1 | | | | | (Month/Day/Year) |
| Settlement Class Member Type | <input checked="" type="checkbox"/> I am a Retired NFL Football Player. | | | | | |
| | <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. | | | | | |
| | <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player. | | | | | |

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

| | | | | |
|-----------|-------------------------------------------------------------------------------------|------|----------|--------------------------------|
| Signature |  | Date | 8/4/2017 | 08/04/2017 (Month/Day/Year) |
|-----------|-------------------------------------------------------------------------------------|------|----------|--------------------------------|

III. HOW TO SUBMIT THIS FORM

| | |
|-------------------|-------------------------------------------------------------------------------------------|
| By Email: | ClaimsAdministrator@NFLConcussionSettlement.com |
| By Mail: | NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260 |
| By Online Portal: | Go to your secure online portal with the Claims Administrator and upload this signed PDF. |

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I. PERSON SEEKING TO REVOKE OPT OUT

| | | | |
|-------------------------|---------------------------------------|-----------|------------------|
| Name | First Alge | M.I. D | Last Crumpler |
| Mailing Address | Address 1 | | |
| | Address 2 | | |
| | City | State | Zip |
| Telephone Number | _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ | | |
| Date of Birth | _ _ _ _ _ (Month/Day/Year) | | |

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

| | | | |
|------------------|-------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|
| Signature |  | Date | 0 8 / 0 4 / 2 0 1 7 (Month/Day/Year) |
|------------------|-------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|

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I. PERSON SEEKING TO REVOKE OPT OUT

| | | | |
|-------------------------|------------------------------|-----------|------------------|
| Name | First Carlester | M.I. T | Last Crumpler |
| Mailing Address | Address 1 | | |
| | Address 2 | | |
| | City | State | Zip |
| Telephone Number | _ _ _ _ - _ _ _ _ | | |
| Date of Birth | _ _ _ _ (Month/Day/Year) | | |

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

| | | | |
|------------------|-------------------------------------------------------------------------------------|-------------|------------------------------------------|
| Signature |  | Date | 0 8 / 0 4 / 2 0 1 7 (Month/Day/Year) |
|------------------|-------------------------------------------------------------------------------------|-------------|------------------------------------------|

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NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**


A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

| | | | |
|-------------------------|------------------|-----------|----------------------|
| Name | First David | M.I. L | Last Merritt, Sr. |
| Mailing Address | Address 1 | | |
| | Address 2 | | |
| | City | State | Zip |
| Telephone Number | | | |
| Date of Birth | (Month/Day/Year) | | |

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

| | | | |
|------------------|-------------------------------------------------------------------------------------|-------------|--------------------------------|
| Signature |  | Date | 08/04/2017 (Month/Day/Year) |
|------------------|-------------------------------------------------------------------------------------|-------------|--------------------------------|

III. HOW TO SUBMIT THIS FORM

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| By Email: | ClaimsAdministrator@NFLConcussionSettlement.com |
| By Mail: | NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260 |
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www.NFLConcussionSettlement.com

ATTACHMENT 4

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**

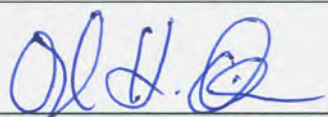
A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

| | | | |
|-------------------------|------------------|-----------|----------------|
| Name | First Parryl | M.I. H | Last Oliver |
| Mailing Address | Address 1 | | |
| | Address 2 | | |
| | City | State | Zip |
| Telephone Number | | | |
| Date of Birth | (Month/Day/Year) | | |

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

| | | | |
|------------------|------------------------------------------------------------------------------------|-------------|--------------------------------------|
| Signature |  | Date | 08 04 2017 (Month/Day/Year) |
|------------------|------------------------------------------------------------------------------------|-------------|--------------------------------------|

III. HOW TO SUBMIT THIS FORM

| | |
|--------------------------|-------------------------------------------------------------------------------------------|
| By Email: | ClaimsAdministrator@NFLConcussionSettlement.com |
| By Mail: | NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260 |
| By Online Portal: | Go to your secure online portal with the Claims Administrator and upload this signed PDF. |

ATTACHMENT 5